Contract Number: REVISED ODS-01-001

PRE-CONTRACT QUESTIONNAIRE

Prepare and submit this form <u>prior</u> to entering into a Personnel Services Contract. If the Contractor is listed on the PCQT Table, enter the control number from IFAS in the space below and wait to submit this form with the first invoice for payment.

1.	Department	Human Serv	ices			
	Contact	Randy Davis	Phone	281-6028	FAX	281-6237
2.	Contractor	Paul J. Cote, Jr.				
	Federal Tax ID	or Social Security Num	ber <u>: 012-42</u>	2-6065	,	
	Address	100 Sherman Road,	Chestnut Hill, I	MA 02467		
3.	their componer Revision: Nev	t products per the DHS	Action Plan S all fees will b	Summary. e an inclus		Action Plan deliverables and will not bill the department
4.	Contract Period	d: from <u>8/1/00 to 0</u>	1/26/01			
5.6.7.	001	Agency Org	· · · · · · · · · · · · · · · · · · ·	<i>¶ 25 @</i> Sub CT □	b. Federal: \$_	\$39,559.48 67% \$19,484.52 33% \$50,000 Annie E. Casey Fun Date
		cting with a corporation)	*********		enue and Finance Use */Employee relationship?	s
(If yes, at	Zinis	contract to P1G, and forward	to DRF)	Date	Signature	
	e of Department Direct Rasmussen	tor or Designee			Contract Number 00446	
Title		·		1 001 1	omo	

Date

Prepare and submit this form <u>prior</u> to entering into a Personnel Services Contract. If the Contractor is listed on the PCQT Table, enter the control number from IFAS in the space below and wait to submit this form with the first invoice for payment.

1.	Department	<u>Human Se</u>	rvices		<u> </u>	
	Contact	Randy Davis	Phone_	281-6028	FAX	281-6237
2.	Contractor	Paul J. Cote, Jr.				
	Federal Tax ID	or Social Security Nu	mber <u>: 012-</u>	12-6065		
	Address	100 Sherman Road	I, Chestnut Hill,	MA 02467		
3.	Contracted Ser	vice/Product: <u>Directl</u> It products per the DH	y develop and/ IS Action Plan	or assist in the Summary.	development of the macro A	ction Plan deliverables and
4.	Contract Period	d: from <u>7/1/00 to</u>	12/31/00			
5.	Contract Cost:	\$ 105,820			8. Source of funds: a. State: \$ \$	654,150 67%
6.	001 Fund	401 0° Agency O	100 K/ 6/14 rg 9	⊗ Sub	b. Federal: \$\$	26,670 33% 25,000 Annie E. Casey Fun
7. [5			DED CONTRA	termed.	PREVIOUS CONTRACT Da	
	-	acting with a corporation)		-	nue and Finance Use Employee relationshin?	□ No
	e/Employer Relations	ship? Yes End d contract to P1C, and forward		Date	Signature	
Signatur	e of Department Direc	tor or Designee		Generic C	ontract Number	
Jessie K	. Rasmussen			99000 PCQT Nu		
Title				- OST 140		
	6-2-1	rcc) .				

Date

Contract Number:	00-0100-02	13

Prepare and submit this form <u>prior</u> to entering into a Personnel Services Contract. If the Contractor is listed on the PCQT Table, enter the control number from IFAS in the space below and wait to submit this form with the first invoice for payment.

1.	Department _	Human Services			
	Contact	Jessie K. Rasmussen	Phone 281-5452	FAX	281-4597
2.	Contractor	Paul J. Cote, Jr.			
	Federal Tax ID	or Social Security Number <u>012-42-60</u> 6	35		·
	Address	100 Sherman Road, Chestnut Hill, MA	A 02467		
3 .	of Preferred F	ervice/Product <u>Provide detailed implem</u> Resource Management Strategies and P ement system and other tasks as assign	referred Service System D	nt's Action Plan, : lesign ; Develop	specifically developmenoment of a continuous
4.	Contract Perio	od: from02/05/00	to	0	6/30/00
5.	Contract Cost	: \$83,370.00	8. Source of fund		700/
6.	0001 Fund	401 0100 k/ Agency Org St	a. State: b. Federal c. Other:	\$ 58359.00 : \$ 25011.00 \$	
7.	NEW CON	TRACT AMENDED CONTRACT	PREVIOUS C	ONTRACT DA	TE: <u>10/2/99 – 2/4/00</u>
For Der (Attach		racting with a corporation)	For Revenue and Finance Employer/Employee relation		⊠ No
Employ (If yes,	ee/Employer Relation	nship? Yes No No ed contract to P1C, and forward to DRF)	Date Sig	gnature	
Typed N	Jessie K. Rasmusser Name Director	1	99000446 IFAS/AMTI/PCQT Number		
Date	1-11-0	0			

Contract Number:	00-0100-01.
------------------	-------------

Prepare and submit this form <u>prior</u> to entering into a Personnel Services Contract. If the Contractor is listed on the PCQT Table, enter the control number from IFAS in the space below and wait to submit this form with the first invoice for payment.

1.	Department	Human Service	ces				
	Contact	Jessie K. Ras	mussen	Phone 28	1-5452	FAX	281-4597
2.	Contractor	Paul J. Cote,	Jr.				
	Federal Tax ID	or Social Secur	ity Number <u>012-42-</u>	6065	···································		· · · · · · · · · · · · · · · · · · ·
	Address	100 Sherman	Road, Chestnut Hill,	MA 02467			
3.	Department's	Action Plan, inc	Facilitation, supp cluding development uality improvement s	of preferred s	ystem paramet	ers, performanc	mplementation of the se of "gap" analysis or.
4.	Contract Perio	d: from	10/2/99		_ to	02/04/00	
5.	Contract Cost:	\$	71,460.00	h 9/2/09	_ 8. Source a. State: \$	of funds: 50,022.00	70%
6.	<u>0001</u> Fund	401 Agency	0100 Org	Sub	b. Federal: \$ c. Other: \$	21,438.00	30%
7.	☐ NEW CONT	RACT _ A	MENDED CONTRA	CT 🗵 PI	REVIOUS CON	ITRACT DATE	7/1/99-10/1/9
*****	, ***********	*****	******	*******	******	**********	****
(Attach	epartment's Use n form SS-8 if not contra	acting with a corpora	tion)		ne and Finance Use		No
Emplo (If yes,	yee/Employer Relation , attach PCQ and signe	d contract to P1C, ar	No nd forward to DRF)	Date	Signat	ure	
Signat	ure of Department Direc	ctor or Designee		Generic Cor	tract Number		
Typed	Jessie K. Rasmussen Name Director			IFAS/AMTI/	99000446 PCQT Number		
Title	C O A	20	-				

Cambrage Mumbar.	00 0100 01	•
Contract Number:	00-0100-01	·

Prepare and submit this form <u>prior</u> to entering into a Personnel Services Contract. If the Contractor is listed on the PCQT Table, enter the control number from IFAS in the space below and wait to submit this form with the first invoice for payment.

1.	Department	Human Service	<u>s</u>				
	Contact	Jessie K. Rasm	nussen	Ph	one <u>281-5452</u>	FAX	281-4597
2.	Contractor	Paul J. Cote, Jr	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
	Federal Tax ID	or Social Security	y Number	012-42-6	065		
	Address	100 Sherman R	oad, Chestnut F	Hill, MA 024	67		
3.	Contracted Se	ervice/Product	Develop FY 2 DHS leaders		process, action pla		plans as directed by
4.	Contract Perio	od: from	7/1/99		to	10/1/99	
5.	Contract Cost	: \$	51,610 PH	/11/94	8. Source of fu		
6.	<u>0001</u> Fund	401 Agency	0100 / Org	Sub	a. State: b. Federa c. Other:		
7. j	☐ NEW CONT	TRACT _ AM			PREVIOUS	CONTRACT Date	
(Attach	partment's Use form SS-8 if not con	tracting with a corporat		<u>Fc</u>	or Revenue and Finand	ce Use	⊠ No
Employ	ree/Employer Relation		No nd forward to DRF)	D:	ate	Signature	
Signati	ire of Department Dir	rector or Designee	<u> </u>	G	eneric Contract Numbe	r	
Typed I	Jessie K. Rasmusse Name Director	en ·		IF	99000446 AS/AMTI/PCQT Numbe	er	
	6-14	-99					

Date

Prepare and submit this form <u>prior</u> to entering into a Personnel Services Contract. If the <u>Contractor</u> is listed on the PCQT Table, enter the control number from IFAS in the space below and wait to submit this form with the first invoice for payment.

1.	Department	Human Services					
	Contact	Jessie K. Rasmussen	Phone	281-5711	FAX	281-6237	
2.	Contractor	Paul J. Cote, Jr.					
	Federal Tax ID or Social	Security Number	012-42	6065			
	Address	100 Sherman Road, Ch	estnut Hil	I, MA 02467			
3.		duct <u>Develop produ</u> ct coordination, and prod					deliver technical
4.	Contract Period: from	4/4/99 to 6/30/99		, , , , ,			
5.6.	Contract Cost: \$	0100	Sub	_ 8. Source of		\$ <u>15,000</u> \$ <u>35,000</u>	
7.	NEW CONTRACT	AMENDED CONTRA	ACT	☐ PREVIOUS	S CONTRACT	Date	k*
	artment's Use orm SS-8 if not contracting with a	a corporation)	_	or Revenue and Fins		Yes 🔲 No	
(If yes, at	e/Employer Relationship? Etach PCQ and signed contractor	Yes No DP1C, and forward to DRF)		eate	Signature		
Signature	e of Department Director or Desi	gnee		Seneric Contract Numl	ber		
Jessi Typed Na	e K. Rasmussen ame			FAS/AMTI/PCQT Num	nber		
Title 4	13 QQ				-		